

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

**1. Article Addressed to:**

3:08-cv-01112 DE# 53  
Barron A. Mathis  
1101 Hudson Lane  
Franklin, TN 37067

**2. Article Number**

(Transfer from service label)

7010 2780 0001 2322 9332

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY****A. Signature**

*Linda Spearman*

Agent  
 Addressee

**B. Received by (Printed Name)**

*LINDA SPEARMAN*

**C. Date of Delivery**

*1/5*

**D. Is delivery address different from item 1?**

If YES, enter delivery address below:

Yes  
 No

**3. Service Type**

Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

**4. Restricted Delivery? (Extra Fee)**

Yes

UNITED STATES POSTAL SERVICE

MAILING SERVICE

05 JAN 2011

First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

- Sender: Please print your name, address, and ZIP+4 in this box •

**RECEIVED**

JAN - 6 2011

U.S. DISTRICT COURT  
MIDDLE DISTRICT OF TENN

3:08-1112

H

DET 53